

**FAIRFAX COUNTY OFFICE FOR CHILDREN  
SCHOOL AGE CHILD CARE PROGRAM  
12011 GOVERNMENT CENTER PARKWAY, 9<sup>TH</sup> FLOOR  
FAIRFAX, VIRGINIA 22035  
SEPTEMBER 2003 - AUGUST 2004**

**SELF EMPLOYMENT INFORMATION FORM**  
(self employed less than 12 months)

[This form is not required if you will be paying full fee.]

Parent Name \_\_\_\_\_ Child Name \_\_\_\_\_  
Name of Business \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Account Number \_\_\_\_\_ Length of Time in Business \_\_\_\_\_

**INCOME**

1. Year-to-Date Total Gross Income (all revenue before expenses) \$ \_\_\_\_\_  
2. Total Gross Income calculation for 12 months  
(line 1 divided by number of months in operation) x 12 \$ \_\_\_\_\_

**EXPENSES**

Use expenses that are accepted by the IRS (refer to IRS Form 1040 Schedule C). [Receipts may be required.]

3. Year-to-Date Total Expenses \$ \_\_\_\_\_  
4. Total Expenses calculation for 12 months  
(line 3 divided by number of months in operation) x 12 \$ \_\_\_\_\_

**NET INCOME**

5. Total Gross Income minus Total Expenses (subtract line 4 from 2) \$ \_\_\_\_\_

Full fee will be assessed for anyone who fails to submit all documentation of income and expenses. Fees will be adjusted (if applicable) from the point of receipt forward, not for past bills.

The Federal yearly gross minimum wage will be assessed if the business income is less than minimum wage.

I certify that I work a minimum of 30 hours per week, and that this is a true and accurate financial statement of my business. I understand that this statement will be audited and that giving inaccurate or erroneous information is illegal and may result in the loss of child care service. I will notify SACC Registration of any change in the above information.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**QUESTIONS? CALL SACC REGISTRATOR 703-449-8989  
FAX 703-324-3007**